

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710471 (4)

1. Corporation Name

MID-FLORIDA HOME HEALTH SERVICES, INC.

Principal Place of Business

**1201 FIRST STREET SOUTH
P.O. BOX 840
WINTER HAVEN FL 33882**

Mailing Address

**1201 FIRST STREET SOUTH
P.O. BOX 840
WINTER HAVEN FL 33882**



3. Date Incorporated or Qualified
03/07/1966

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1155094

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANASTASIO, LANCE W.
200 AVE F NORTHEAST
WINTER HAVEN FL 33881**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	HUNT, LAURA	
STREET ADDRESS	803 LAKE SHORE BLVD N	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	HOLT, WILLIAM	
STREET ADDRESS	133 ARROWHEAD LANE	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	KOON, M.D., WILEY E.	
STREET ADDRESS	635 FIRST ST. N.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	COMPTON, MICHAEL	
STREET ADDRESS	336 VAIL DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCASHAN, VAUGHN	
STREET ADDRESS	11 FIFTH ST NW	
CITY-ST-ZIP	WINTER AHVEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MERVIS, LORETTA	
13 STREET ADDRESS	514 CYPRESS GARDENS BLVD.	
14 CITY-ST-ZIP	WINTER HAVEN, FL 33880	
21 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	KOON, M.D., WILEY E.	
23 STREET ADDRESS	635 FIRST STREET N.	
24 CITY-ST-ZIP	WINTER HAVEN, FL 33881	
31 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	COMPTON, MICHAEL	
33 STREET ADDRESS	336 VAIL DRIVE	
34 CITY-ST-ZIP	WINTER HAVEN, FL 33884	
41 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	MCASHAN, VAUGHN	
43 STREET ADDRESS	11 FIFTH STREET	
44 CITY-ST-ZIP	WINTER HAVEN, FL 33881	
51 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	HUNT, LAURA	
53 STREET ADDRESS	803 LAKESHORE BLVD. N.	
54 CITY-ST-ZIP	LAKE WALES, FL 33853	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/96

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